

**Citizens for Human Rights**

**White Paper Analysis on the State of The  
Michigan Medical Marijuana Act**



**Our organization was requested to produce this document pursuant to a request by State Senator Bieda's Staff. We undertook this task as leading activist and participants of the Michigan Medical Marijuana Act. Our conclusions are based on fact and documented history of the events.**

**Within months of its passage elements in the senate were attempting to modify the act and remove the right for the people to cultivate marijuana. The proposal by a Michigan Senator to have ten grows provide the state's marijuana was promptly thumped by the community and by opponents in the legislature. However what followed has been the most withering attack against the innocent since the civil rights struggle in the 60's. Despite the evidence of overwhelming compliance by the medical marijuana community, the government has waged an unending merciless war against the sick and their caregivers. Evidence clearly indicates the efforts of unscrupulous parties to monopolize the medical marijuana law for profit with the aid of elected officials. We have proof that as early as 2010 this effort was underway. In fact in meetings with a leading lobbyist firm Dykema Gossett in 2011, I was told that the market would be heavily regulated with or without my approval. Needless to say they did not get my approval. Later in the day I was offered a bribe that totaled about \$70,000. I refused that also. I was contacted on 11/18/2013 by a fellow activist that he had been contacted and a similar bribe made. We have emails that indicate in late 2011 there was a huge inflow of lobbyist activity and money into the state legislature. This from Dan Riffle of the MPP, "They can't pass anything that would require a supermajority, and anything that would get rid of the caregiver system would require a supermajority. As for regulations, they will be extensive and Colorado-esque. Get ready for that. The current "hands-off" approach to regulation simply isn't feasible and won't last long." In fact several months ago we were give a menu of prices to obtain a yea vote on cannabis legislature starting at \$500 for a regular senator or rep to \$5000 for a chair. If you examine the public record clearly there were public officials that opposed marijuana legislation that have now proposed entire marijuana business models (SB 660) which in facts farms out the entire act to foreign nationals.**

**It is worth mentioning that Rep. Callton, the leading proponent of dispensary legislation knows the prairie Systems Marijuana is contaminated. In this youtube video he clearly state the mine is so contaminated you can taste the heavy metals. <http://www.youtube.com/watch?v=vtTp-9ePAIg> . To proceed with this bill is disgraceful. Let's just examine how safe this proposed mine weed really is. After all the government proposes to sell this marijuana to unknowing patients as being pharmaceutical grade marijuana.**

The White Pine Mine(hereafter known as the mine) has been in operation since the 1800's. The land around the mine for hundreds of square miles is contaminated with arsenic, mercury, sulfides, fuel oil, Xanthate, radiation, Trichloromethanes, uranium, cyanide and many other toxic chemicals.

. Our community supports Hb 5104 but the medical marijuana community opposes two of the bills, SB 660 and HB 4271. We oppose SB 660, which is Senator Rick Jones' Pharmaceutical medical marijuana bill. This bill would allow Prairie Farm Systems, a Canadian Company , exclusive rights to grow pharmaceutical grade marijuana in their Michigan White Pine Mine facility. The main problem with the White Mine facility is it is toxic and highly polluted. Even Representative Callton expressed concerns recently about the safety of the mine and toxicity <http://www.youtube.com/watch?v=vtTp-9ePAIg> . Studies from the: DEQ, EPA, State of Michigan, private industry groups, conservationist, Indian Affairs, national and local news media, have chronicled in great detail, the devastation caused by the pollution from copper mining and smelting. Not only that the mine is contaminated with copper, ore, asbestos, heavy metals including mercury, sulfuric acid, and poisons such as arsenic. It doesn't end there, scientist are stymied by the fact that nothing will grow there. Major universities have done studies and made attempts to rehabilitate the land without success. Our community is shocked that the Senators proposal of SB660, would be to allow the people to be deceived by claims of pharmaceutical marijuana, when in fact they would be serving up a toxic brew.

HB 4271 essentially does the same thing by allowing commercial grows. We believe that patients and caregivers should be included in the discussion. Had this happened, this would have all been avoided. . If either SB 660 or HB4271 are passed it will destroy the medical marijuana laws intention : compassion. This act would mark an all time low point in our government. HB 4271 breaches patient privacy and would allow the government to accumulate data on patient and caregiver usage and if that usage is exceeded, the patient or caregiver would be arrested. Clearly the best path is to stop the transaction from occurring in the first place.

We want the law the people passed. We want the State of Michigan to stand down in its heinous attack against the sick. We want the Senators to let the farmers of Michigan to continue supplying Marijuana to the people. We support more than 40,000 Michigan jobs. We are Michigan patients and caregivers.

Here are the sources of information. The White Pine Site is one of the most toxic in the world.

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(KBOCC)The White Pine Copper Mine Was Major Contributor to Mercury in the Lake Superior Basin  
Smelter contributed 550 Kg/Yr of Mercury to the basin

Over 14,000 acres of land in the Upper Peninsula was impacted due to the mine including wetland destruction and contamination with copper, mercury and industrial chemicals

This underground mine penetrated a rock formation that is allowing brine water to infiltrate and without perpetual maintenance will flow into Lake Superior

(EPA) Arsenic occurs naturally in rocks and soil, water, air, and plants and animals. It can be further released into the environment through natural activities such as volcanic action, erosion of rocks and forest fires, or through human actions. Approximately 90 percent of industrial arsenic in the U.S. is currently used as a wood preservative, but arsenic is also used in paints, dyes, metals, drugs, soaps and semi-conductors. High arsenic levels can also come from certain fertilizers and animal feeding operations. Industry practices such as copper smelting, mining and coal burning also contribute to arsenic in our environment.

(Wisconsin Resources Protection Council) Threats from mining are not new to the region. Just recently, the White Pine, Michigan smelter, operated by the Copper Range Company, agreed to a multimillion dollar settlement in an air pollution lawsuit. The smelter was emitting mercury, lead and arsenic over the waters of nearby Lake Superior at five times the legal limit.(80) These emissions were seen by the Lake Superior Tribes as a direct threat to their treaty rights "to enjoy consumption of uncontaminated fish."

(findthedata.org) White Pine Electric Power Llc is located at 33707 Power Plant Rd in White Pine, MI and has had serious violation(s) over the past three years.

- 12 quarter(s) of Clean Air Act violations

- 12 quarter(s) of Clean Water Act violations

and the Toxic Release Inventory for the site is 3,849 pounds The last inspection of White Pine Electric Power Llc took place 315 days ago.

(EPA) Copper Range Company personnel indicated that asbestos is found in buildings at the White Pine facility. An "Asbestos Team" (four employees) removes asbestos from locations at the site on an unspecified schedule. Asbestos materials are placed in bags, which are stored in a covered area adjacent to the hazardous waste storage area (no additional information was available concerning the hazardous waste storage area). When 100 bags have accumulated, the bags are shipped off-site to the permitted K&W landfill. The total quantity of asbestos material shipped off-site was not obtained.

(montana.edu) History of Site: The White Pine Mine is owned and operated by the Copper Range Company, a subsidiary of Inmet Mining Corporation. It is located in Ontonagon County, Michigan along the shores of Lake Superior in a region known as the Upper Peninsula of Michigan. The project

was in operation for over 70 years and is currently in the process of site wide closure. The project consists of an underground copper mine, processing facilities, and approximately 2,630 ha (6,500 ac) of tailings. The tailings are impounded in three separate facilities: the South Dam; North Pond 1; and North Pond 2. The South Dam was not filled to capacity, and was closed and stabilized by dozing the surrounding remaining embankment clays onto the tailings surface, and revegetating using standard agricultural means. The North Pond 1 and 2 tailings facilities, which total approximately 2,023 ha (5,000 ac), are being stabilized from wind and water erosion by direct revegetation of the tailings themselves. Previous attempts to establish vegetation on the tailings were initially successful, but after two to three years a dieback of vegetation occurred, and ultimately failure. The sand blasting effect of the blown tailings, burial by the moving dunes of tailings, the physical nature of the tailings, and possibly chemical or nutrient imbalances, were all suspected of causing the failure. The tailings have remained relatively barren for over 20 years.

In 1997, a program was undertaken to logically and scientifically identify the reasons for the past failures, and determine if direct revegetation was a feasible means of stabilizing the tailings. The importation of sufficient clay material to cover the tailings facilities would cost over \$72,000,000. Therefore, a self-sustaining and permanent means of directly revegetating the tailings was highly desirable. The following paper discusses the methods used since 1997 to control wind blown tailings sufficiently to establish vegetation, which has been the ultimate means of controlling erosion from the site.

(Montana.edu) Although some heavy metals (Cu and Zn) are essential for plant growth, it is now well documented that when present at elevated levels in soils they are generally phytotoxic and can ultimately cause the death of plants (Antonovics, Bradshaw & Turner 1971, Smith & Bradshaw 1979). Generally the metals in soluble forms or adsorbed onto clays are most available for plants (Neuman, et. al 1987). In the presence of high levels of organic matter, humic materials and fulvic acids the plant availability of copper is reduced through the formation of strong complexes with organic matter and humates resulting in slow dissociation rates (McBride 1978, EPA 1992, and Davies et. al. 1978). Numerical thresholds for heavy metals in soils above which phytotoxicity is considered to be possible have been suggested. The copper levels promulgated by the United Kingdom are 140-280 mg/kg EDTA extractable (UK DOE 1980). J.J.M. Bowen (1979) suggested that soil concentrations above 250 mg/kg of total copper may result in phytotoxicity. Neuman, et. al 1987 suggested that AB-DTPA extractable copper levels in mine soils from selected western coal mines between 50-210 mg/kg were phytotoxic to plants.

Elevated plant available copper levels cause shortening and excessive branching of the roots. Plants cope with high levels of copper in one of two ways: They can either exclude the copper at the root; or, they can take it up and partition it off in the leaves, stem, roots, or a combination of areas. These mechanisms work well for short periods when levels are low. When the levels are high and/or the

plants are exposed for long periods of time, the protection mechanisms can be overwhelmed and the plants will be stunted, chlorotic, or eventually even die after a few years. In actual practice high copper levels can stress the plants to a point where they can no longer tolerate the environmental conditions. It is believed that this was the case with the earlier test plots done in the 60s. When the plants could no longer tolerate the heat, cold, dry periods and physical abrasion from the wind blown tailings, due to impacted rooting systems, they eventually died back.

(griid.org)

(University of Montana) The initial results from the trial were not encouraging. Many of the plants were stunted and chlorotic and production was far below that believed necessary to stabilize the site. The data suggested that the more OM added, the worse the plants grew. Based on the symptoms displayed by the plants, a list of potential nutrient and micronutrients, which could be deficient was developed. Foliar applications of liquid forms of these nutrients were applied and the results indicated that a deficiency was present. Manganese (Mn), Boron (B), Nitrogen (N) and Phosphorus (P) were all found to be deficient. These nutrients are all easily bound to OM. Therefore, although possibly present in adequate quantities in the tailings, when the OM was added they may have been bound to a point where a deficiency occurred. Since the availability of N to plants is directly related to the Carbon (C):Nitrogen ratio, it was determined that our C:N ratio balance also needed further adjustment. When copper was added as a foliar nutrient, all of the plants died. Therefore, it was determined that copper was probably still present at just below phytotoxic levels.

Analyses of the AB-DTPA extractable metals levels in tailings before and after the greenhouse study indicated that only minor reductions in metals levels had occurred. This result was believed to be due to the limited (12 week) time for soil reactions to occur during the study. More positive results reported in the literature were from studies conducted over periods in excess of 180 days. Therefore, we believe metals reduction is occurring, but will take more time than could be simulated in the greenhouse.

(LOE.org) Producer Dick Brooks reports from the southern shores of Lake Superior on the controversial Copper Range mine and smelter. The company is the largest private employer on Michigan's Upper Peninsula, but it's also the largest emitter of toxic heavy metals in the Lake Superior basin. Local Indians say Copper Range is a big part of the reason they can't eat fish from the lake. The company has been sued for clean air violations by the EPA, the states of Michigan and Wisconsin and the National Wildlife Federation.

Transcript

**CURWOOD:** Toxic contamination in Lake Superior is getting into the food chain. Anyone who eats fish out of Lake Superior is taking a chance. And the more one eats, the greater the likelihood of poisoning. Native people, who rely on traditional diets rich in fish, are especially threatened - a threat documented by a recent study of the area by the US Environmental Protection Agency. This threat is partially behind legal action against the region's major copper smelter. Producer Dick Brooks has our second report from the southern shores of Lake Superior

**(USA Today)**

**Toxic chemicals emitted by company**

**Sulfuric acid**

**Schools affected most by company**

**White Pine K-12 School White Pine, Michigan**

**Sources: U.S. Environmental Protection Agency, University of Massachusetts Amherst**

I would be remiss if I did not state that this has not just been a political struggle but one that involves the government using force of arms against innocent citizens. Despite marijuana being legal for the sick hundreds of patients including me have been assaulted with brutal military like raids. Our property has been seized, pets killed and we have been drug through the court rooms. Patients have lost custody of their children and one father was shot dead in his home for refusing to surrender his child. Later the father's blood was tested during autopsy. He was negative for both marijuana and alcohol . Patients have lost their jobs despite the provisions in the law which prohibit such action. In Kemp vs Hayes Green, which is currently before the appeals court the states unemployment agency first ruled that people were protected by the act and if fired for acting in accordance with the act were entitled to benefits. After Bill Schuette was elected this changed as well as the governments attitude towards medical marijuana. The state went from a cooperative effort to implement to an all out war against the sick. The state can't claim innocence in this case as SB 660 contains legislative language that insures that people who pay additional protection money do not face the civil rights violations that their lesser counterparts face. This shows intent by the government to shakedown the sick and thumb their noses at the voters. Now we must clearly ask the question where is the money coming from to purchase a people's initiative? The evidence clearly proves corruption and the existence of a criminal enterprise both internal to the government and possibly involving foreign nationals. The government should cease and desist, in its sell of the civil rights of the sick, and embrace the will of the people. We demand an immediate end to any commercialization of medical marijuana grows until

**tis issue is laid to rest. We ask that a competent special prosecutor be appointed and a complete investigation ensue.**



## **Scope and Purpose of the Document**

In Michigan, it is Article II, Section VIX of the Constitution which sets forth the parameters by which a people's initiative is executed and implemented. It is that very same section of the Constitution that mandates that the legislature is responsible for the implementation of the initiative. There have been major breakdown in all three branches of the government. We will examine the history of this debacle, explain the current environment and provide guidance to the future of medical and recreational Marijuana in Michigan.

This paper was prepared pursuant to a request by State Senator Bieda's Staff.

## **Introduction**

**The Michigan Medical Marijuana Act was passed by voters in 2008 with an incredible mandate. Yet years after its passage it has yet to be implemented. Even the right to assert the defense provided for in the Act is denied in many parts of the state despite Supreme Court Rulings. The simple fact is the innocent have been made to fear the government is proof of civil rights violations. The reasons are obvious upon examination of the data. We have quantified the breaches that have occurred constitutionally and directly to the public. The government should always act upon absolute knowledge when it circumvents the will of the people. That has not happened in this case.**

**This whole episode has been the lynching of a whole segment of society and the denial of rights for the rest. When a privileged person of great power can lead the mob to harm the sick something has got to give. Even sick people deserve due process. Just a fair hearing of the facts. Yet in Oakland County this has not occurred despite hundreds of arrest. It goes on because it is allowed to go on. Slander, lies and libel served up with a backhand is the justice we've received. A law barred from the courtroom is not implemented. Failure to allow the defense in the courtroom is not the full extent. There have been violations of the oath of office concerning faithfully discharging the duties of the office. Faithfully discharging is not a creative term but implies allegiance to the people.**

**We are currently faced with a tragic situation concerning the care of the sick in Michigan. All avenues were cut off from us when the McQueen decision was handed down. In two years the government destroyed 250 years of democratic rule. The patients and caregivers are preparing a suit to restore the civil rights of patients and caregivers and restore the rule of law. The harm that has been laid upon the sick is inexcusable. This document will provide a history of the grievances and offered solutions based on our many years of experience in this area. We seek quick resolution and have no tolerance for extending the pain of the sick.**

**It has become painfully obvious to everyone that the intent of the voters has been overridden by an extreme element in government intent on nondemocratic rule and force of arms against the sick who have dared to use the law the people passed. Caregivers and patients are being robbed in the street and in their homes by criminals who know that they we are afraid to call the police because we end up getting arrested.**

**This report will prove through analysis and scientific fact that the rights of citizens have been violated and high crimes have been committed. We ask the government to restore our rights or prepare to meet the people in court.**

## **Failure to Implement**

**It is unfortunate that an activist government could so warp the law and the will of the people. In all things the people's voice should ring supreme but in some areas of the state you would think that we are in the old south. That nonconformance to the will of the elite places an individual in the path of the awesome power of the state. It is extremely sad that innocent people must live in fear of their government. That was not what was intended when the ink was struck upon paper in 1787.**

**Oakland County and other counties have used brutal force against the sick. They take huge license in saying that the law carves out the exception then fail to allow the exception. Laws are written and enacted by the legislature or the people. Not sheriffs, individuals, government officials, rouge politicians and/or land barons. If they wish something to be illegal use the process defined under the constitution to make that activity illegal not force of arms and property forfeiture. It is a matter of public record that despite hundreds of arrest the medical marijuana defense is not allowed in court. Innocent people are required to accept pleas or go to prison. In all cases their property is seized by force of arms and not returned.**

**Registry identification cards takes months or never arrive at all. Despite the law requiring that the cards be issued within 20 days. Incredibly the MSP instructed officers to arrest anyone with only paperwork despite the requirement in law that paperwork suffice if the cards are not delivered in the allotted time. This amounts to willful neglect and false imprisonment. The MSP Memo dated April 4<sup>th</sup> 2009(1) clearly indicated the governments intent to circumvent the law. It instructed all police to arrest patients without the registry card despite the law which states;**

***(b) If the department fails to issue a valid registry identification card in response to a valid application or renewal submitted pursuant to this act within 20 days of its submission, the registry identification card shall be deemed granted, and a copy of the registry identification application or renewal shall be deemed a valid registry identification card.***

**The law is clear yet hundreds of patients and caregivers were illegally arrested, had possession seized, imprisoned and injured. This amounts to clear civil rights violations. The government did not have the authority to arrest people who were enrolled in the program when it was the governments fault that the cards were not issued in a timely manner.**

**Parents are under constant threat from Child Protective Services despite the requirement in the law that they be protected. One client was told by police that they shouldn't listen to someone with book learning or they would loose their child. Another gentleman was shot dead in his home for defending his child.**

**The states failure to implement has caused a mish mash of regulations, zones and ordinances across the state that nullify the law. Lierally what is legal in one township is illegal in another. Every single county statewide passed this measure yet the state has ignored that mandate at the perils of the participants and the voters. A partial right to free determination is fascism.**

**The most telling symptom is fear. All of us are afraid. Many of us are in such great pain that the thought of someone even touching us causes panic. The thought of being beat up and thrown in jail is unbearable.**

**The enclosed analysis contains a recipe for repairing the damage and ceasing from the destructive behavior that the government has exhibited. The truth in this case is self evident.**

## Child Protective services and the Law

The purpose of the MMMA is to allow a limited class of individuals the medical use of marijuana, and the act declares this purpose to be an "effort for the *health and welfare* of [Michigan]. The MMMA was the result of a voter initiative the State is mandated per the constitution to give effect to the intent of the electorate, rather than the Legislature, as reflected in the language of the law itself.(2) The government must give the words of the MMMA their ordinary and plain meaning as would have been understood by the electorate.(3)

The text from the Act itself.

(1) (4)(c) A person shall not be denied custody or visitation of a minor for acting in accordance with this act, unless the *person's behavior* is such that it creates an *unreasonable* danger to the minor that can be clearly articulated and substantiated.

A Patient is offered broad immunity from penalty or prosecution for the medical use of marijuana(5). This was affirmed by the Supreme Court in *People vs. Kolaneck*. Further in *Beek* the COA explained that the provisions of the MMMA did not permit penalties in any manner(6). In one case a patient offered to confine her use of medical marijuana to the front porch of her home or locked in her bedroom. In both incidents the patient stipulated that the child would not be present during the medical use of marijuana. The workers and Jackson Police stated that the child would be removed from the home in any case and added a further stipulation that anytime Ms. Johnson engaged in the medical use of marijuana that she would have to have another person watch the child. These stipulations are counter to the MMMA and the will of the people. In fact the government is creating "unreasonable Danger" by it's outlandish requirements.

In fact scores of children have been removed from the custody and had visitation revoked simply for the medical use of marijuana. One farther was executed in his home when he tried to defend his child from CPS. His blood test revealed that he had neither alcohol or marijuana in his system.

We demand that all CPS records involving the use of medical marijuana be released to our attorney immediately so appropriate action can be taken. We further demand that all CPS workers that have engaged in this activity be dismissed from service. Further we demand all such activity cease and desist.

**(4) People vs. Kolanek** Section 4 of the Michigan Medical Marihuana Act (MMMA), MCL 333.26424, provides qualified registered patients broad immunity from “arrest, prosecution, or penalty in any manner” and protection from the denial of “any right or privilege, including but not limited to civil penalty or disciplinary action by a business or

occupational or professional licensing board or bureau, for the medical use of marihuana

in accordance with this act . . . .”

**(5) People vs. Beek** “‘Medical use’ means the acquisition, possession, cultivation, manufacture, use, internal possession, delivery, transfer, or transportation of marihuana or paraphernalia relating to the administration of marihuana to treat or alleviate a registered qualifying patient’s debilitating

medical condition or symptoms associated with the debilitating medical condition.” MCL

333.26423(e).

**(6) People vs. Beek** MMMA because even permitting the imposition of a civil penalty directly conflicts with the plain language of MCL 333.26424(a). Moreover, defendant’s ordinance does not attempt to regulate lawful conduct, but rather, attempts to completely ban the medical use of marijuana on the basis of the authority of the CSA, a federal criminal statute.<sup>4</sup> Thus, any sanction imposed pursuant to the ordinance rests on the premise that the medical use of marijuana permitted by the MMMA is criminal activity, a proposition that is in direct conflict with the MMMA. In addition, we reject the notion implied in defendant’s brief on appeal that enforcing the ordinance through the remedy of civil injunctive relief is not a penalty. We conclude that civil injunctive relief that could be used to prohibit any medical use of marijuana within the city would constitute a “penalty in any manner.” MCL 333.26424(a).

## Original Intent

### The Mythology of the law and the Lack Thereof

The law was designed to provide multiple levels of protections to patients and their caregivers. These are not the words of politicians and attorneys but clearly expressed by the people. According to the Supreme Court the Law because of its nature is to be interpreted in the plain language of the electorate. We will perform a quick pass through approach on these protections. If you compare the plain language to the brutal treatment we have experienced the civil rights violations we have endured become very obvious.

First the declaratory section clearly outlines the intent of the Act as expressed by the People.

333.26422 Findings, declaration.

#### 2. Findings.

Sec. 2. The people of the State of Michigan find and declare that:

(a) Modern medical research, including as found by the National Academy of Sciences' Institute of Medicine in a March 1999 report, has discovered **beneficial uses for marihuana in treating or alleviating the pain, nausea, and other symptoms** associated with a variety of **debilitating medical conditions**.

(b) Data from the Federal Bureau of Investigation Uniform Crime Reports and the Compendium of Federal Justice Statistics show that approximately **99 out of every 100 marihuana arrests** in the United States are made under **state law**, rather than under **federal law**. Consequently, changing **state law** will have the **practical effect of protecting from arrest the vast majority of seriously ill people who have a medical need to use marihuana**.

(c) Although federal law currently prohibits any use of marihuana except under very limited circumstances, **states are not required to enforce federal law or prosecute people for engaging in activities prohibited by federal law**. The laws of Alaska, California, Colorado, Hawaii, Maine, Montana, Nevada, New Mexico, Oregon, Vermont, Rhode Island, and Washington do not penalize the medical use and cultivation of marihuana. Michigan joins in this effort for the health and welfare of its citizens.

History: 2008, Initiated Law 1, Eff. Dec. 4, 2008

Compiler's Notes: MCL 333.26430 of Initiated Law 1 of 2008 provides:10. Severability.Sec. 10. Any

section of this act being held invalid as to any person or circumstances shall not affect the application of any other section of this act that can be given full effect without the invalid section or application.

The people clearly expressed that no one engaged in the medical use of marijuana should be arrested. The people said that the state should not enforce its own law concerning marijuana when it comes to medical use and ignore federal law for the medical use. This completely removes the supremacy debate from the table. It is the governments willful defiance of the people that has led to the extreme abuse of power, corruption and civil rights violations.

The will of the people has been undone through a text book misinformation campaign where perjurious testimony was provided in order to sway public and governmental opinion and effect the course of the law. If for no other reason this is why I believe that the level of violations rise to criminal. No group of extremist should be allowed to bring contempt upon the government.

Further the willful arrest of the innocent to promote any political agenda is directly outlawed by Section 750.411A. Illegal arrests was the intent of government from the beginning as expressed by the MSP memo on page 6. The memo shows the intent but the actions of government from the inception of the law shows grim determination to overthrow government by the people.

The concurring opinion by O'Connell concerning the Redden case was a blatant violation of the separation of powers because it's intent was to intervene in the legislative process by creating fear and confusion among the electorate not to give effect to the will of the electorate. The shameless campaign and pandering by the establishment to adopt this rambling incoherent view of the structure of the law defied all reasoning. Judge O'Connell provided the structure for test cases to take down the act and mobilized the government towards that end. Hundreds of innocent people were persecuted because of O'Connell's hatred of the democratic process and the undoing of his orderly house of horrors.

With the election of Bill Schuette the prospect for implementation of the law became fantasy. Almost immediately he began to systematically to abuse his office. Every opinion issued on the subject of marijuana made the law more restrictive and made the arrest of patients more probable. He failed to disclose conflicts of interest and used his office directly to benefit the organization that led the campaign to defeat the Medical Marijuana Initiative in direct violation of his oath and the constitution. Clearly we he went against his own states rights mantra when he supported the DEA in the DEA vs MDCH. The extent of his conflict is explored in the document found at <http://nationalmedicalmarijuana.com/evidence3.pdf> . A point by point analysis of Bill Schuette's and Ken Steckers misrepresentations and lies can be found in the section titled Rebutting the States Case. Truly the lies that have been told by the government has resulted in grievous injury to all Michiganders. These lies rise to the level of high crimes and misdemeanors. The state should immediately remedy this travesty of justice by implementing the people's law in it's entirety and conveyning a special Grand Jury to uncover the truth and bring charges for this brazen an attempt at overthrowing the will of the people.



Our focus is on the intent of the law as approved by the voters. The original intent of the act is to facilitate patient care through a private nonprofit system. This system doesn't depend on government support. This system involves the pairing of patients and caregivers, as well as allowing for safety measures that guarantee patients access to an uninterrupted supply. This mechanism was accomplished by allowing patients the freedom of purchasing their medication from any source, without fear of arrest and persecution. It also protects those who provide medication via Section IV and Section VIII of the Act.

With rare exception patients and caregivers are compliant with the act. The exceptions are receiving all the attention while the masses are being punished for their acts. The rights of the majority should be protected. Those that have or continue to exploit the system should receive proper regulatory/legislative restraints, without modification of the Act itself. This can be accomplished through the existing framework. We will explain effective responses that will eliminate abuse and instill integrity into the process.

The importance of maintaining this system of distribution can't be over stated. It represents the lowest cost, highest quality alternative to patients. Does not impose a threat to the safety or well being of the community. Reduces medical cost. Improves the quality of life for the sick and dying.

We are in agreement with the legislature on several points. We are in disagreement on the solutions and the probable outcomes. Solutions more in line with the voters intent, that reward the compliant, and regulates commercial entities will yield better near term and extended term objectives.

## **Legislative History**

It is important to acknowledge that special interests have exploited and used an end around approach, in several states. The compliant are punished. The abusers are rewarded by receiving through legislation, what they could have never achieved through the electoral/initiative process.

One only has to examine the destruction of the voters will in Colorado and other states to see what is in store for Michigan, if similar legislation is passed. There is over 1,000,000 square feet of grow area in the Denver Area alone. Promised tax revenues are circumvented by illegally exporting Marijuana to other states, including Michigan. Our patients/caregivers easily recognize the material, because it suffers from nutrient burn(Excess Chemicals), Improper flushing and improper handling. While the concept may sound good on paper, it leads to crime on a grand scale. Even though it would seem logical that centralization leads to better controls, the logic fails because of the huge revenues, industry players and current legal environment. In fact The State of Colorado admitted that the system had never been monitored because of complexity and a lack of resources.

Small producers are unable to generate revenue on a large enough scale to create a problem with exportation or diversion. In fact, any deviation in supply is quickly recognized within the community and by law enforcement. It hasn't been small producers or patients in Michigan that have caused problems, it has been large cultivation facilities, illegal operations and those who would seek to exploit the system regardless of the regulatory framework. In fact it is in the states interest to insure that the current system of caregivers supply whatever regulatory framework that is adopted. Small producers are unable to impact the supply chain or impact the electorate. The effect of a monopoly on the economics and political implications of mega scale dispensaries could alter the legal landscape forever in Michigan. With the influx of huge amounts of cash in the system the prophecies of all sides of the issues become self-fulfilling.

The Legislature has already been bombarded with information that is at best inaccurate. Tainted by financial motives. If you pass this series of Bills, you will be asked to pass more. You will not only be hurting sick people, but democracy as a whole. People are watching you. They understand the issues and our polling and other data indicates they support our position; implementation.

## **The Dispensary Issue**

All of the proposed dispensary legislation misses the mark. It would neither accomplish distribution or regulation. Much of the proposed legislation is the result of the explosion of dispensaries in the state. We agree, that if dispensaries are to be allowed, they should be regulated. Where we disagree is where this regulation is to be attached. It would merely duplicate the situation in Colorado where government officials have dubbed the regulation effort as a failure.

### **Audit: Serious flaws in Colorado's regulation of medical marijuana (1)**

The reasons are simple and obvious. The model depends on government regulators to monitor each and every grow and dispensary. So as the industry grows more resources are needed to monitor the cameras and other collected data. (Figure 2) 1000 sites would require at least 3000 full time equivalents employees just to monitor the equipment. (Figure 3) This industry is in expansion mode. This design would require that the government absorb cost or would push the cost of operating a dispensary out of the realm of possibility because of the cost of compensation for monitoring the sites. Michigan should not be tied to the failed policies of other states but should use a model that doesn't depend on government resources or excessive fees. We believe that our proposed model will not only generate revenue for the government but will be at or close to a zero cost. We have devised a model that operates independently of government resources and accomplishes all of the regulatory milestones without violating the law or the constitution.

Our proposal though newly renovated for the marijuana industry involves tried and true methodology for efficient regulated distribution models for other commodities. We propose the creation of secured wholesale markets to perform the following functions;

Regulation

Application of Taxes

Testing

Grower Side Buy Transactions

Dispensary Buy Transactions

In addition this model would provide continuity across the state when applying or removing taxes or regulations as required. In addition health and safety regulations can be established on a state level and applied almost immediately. This model is the only model that could respond to a statewide emergency in a prompt fashion.

Perhaps the greatest test is whether can it replace a hands on regulatory model. As previously discussed the Colorado Model failed miserably. It failed because it is labor and eyeball intensive and needs an ever expanding pool of resources to continue to function. Simple checks and balances such

as weight in weight out, testing result retention, dispensary total reports that ties back to inventory in replace the need to monitor every transaction via camera. Real time edits would replace after the fact audits that result in privacy violations and patient liability. Lower patient cost due to a competitive market place. Fair market value for marijuana for caregivers and growing patients because CO-OPs would be caregiver/patient owned. Better distribution of funds throughout Michigan but would be especially helpful to our poor community. Compliance would be voluntary but would be more effective because of a ready legal market. The participants would receive market value so there would be no incentive to sell their overages elsewhere.

Dispensaries are commercial entities. There is a debate as to whether their foundation is to be found in the states medical marijuana act. Unfortunately for patients and caregivers, our community finds itself caught up in the debate. Having intimate knowledge of the mechanics of a dispensary makes us qualified to offer educated insight into the matter.

The Dispensary issue should be legislated and considered as a separate entity, not connected to The People's Initiative. The People envisioned a community where intimate relationships would be developed in the community in order to deal with the needs of the sick. That part of our law is a success by any measure. Our community is compassion based. Caregivers, defined in the law as a person, provide medical marijuana to patients and receive compensation for cost. This allows the system to work in a self sufficient manner. Poor Patients, SSI/SSD, in many cases receive their medication for free. Cost are recovered from wealthier patients. This form of compensation averaging is common in our community, and insures all participants are cared for in a humane and dignified manner.

The model of Dispensaries utilize a 'for profit' model. Marijuana is bought and resold for a profit. If it were any other commodity, the dispensary would be considered a grocery store. Dispensaries should be regulated on a state level. State Laws to insure compliance with applicable Drug laws to insure that a communities standards are enforced and honored, by business owners. Many of the proposed laws before the legislature are attempting to address these issues, but non commercial interest, Patients and Caregivers, have been caught in the crossfire. Each of the proposed Bills should be analyzed. If the intent is to control dispensaries, then they should not be enforced by overturning, A People's Initiative, but should be honed towards their intended target.

Dispensaries should not have the right to cultivate and their supply should be limited to locally produced marijuana. It is imperative, if the goal is to prevent diversion, to maintain a liquid market. Much of the proposed legislation when applied to the Marijuana Act, limits legal liquidity. This creates artificially high prices, shortages in the market place, could lead to diversion, and could send armies of sick people to jail.

### Rebutting the State's Case

The most shocking aspect of this tireless campaign against the sick has been the huge number of misrepresentations and dishonest testimony against the sick. I was absolutely amazed during the Hearings in the House in 2012 when Kenneth Stecker did a point by point analysis of the law. He had absolutely no problem navigating the entirety of the law. I have reviewed his work. He possesses a proficient knowledge of the law. We disagree on elements of the law. But everything that he pointed out as a problem was not area of confusion, but an area of disagreement. His disagreements are with the voters.

Mr. Stecker also brought up the Redden case and discussed that patients are already being thrown in jail when the doctor fails to abide the standard of care. Mr. Stecker was very proud of the states record. He pointed out that we are batting zero. Clearly the voters instructed the state not to enforce federal law. Despite this in the case of medical marijuana only conservatives employed by the state has deferred states rights in order to appease an ideologue. The relevant text of the Act is broken into two components. One instructing the will of the people. The second instructing the state on the priority of enforcement.

*(b) Data from the Federal Bureau of Investigation Uniform Crime Reports and the Compendium of Federal Justice Statistics show that approximately 99 out of every 100 marihuana arrests in the United States are made under state law, rather than under federal law. Consequently, changing state law will have the practical effect of protecting from arrest the vast majority of seriously ill people who have a medical need to use marihuana.*

*(c) Although federal law currently prohibits any use of marihuana except under very limited circumstances, states are not required to enforce federal law or prosecute people for engaging in activities prohibited by federal law. The laws of Alaska, California, Colorado, Hawaii, Maine, Montana, Nevada, New Mexico, Oregon, Vermont, Rhode Island, and Washington do not penalize the medical use and cultivation of marihuana. Michigan joins in this effort for the health and welfare of its citizens.*

Next a Supremacy clause nullifying any act in conflict.

*(e) All other acts and parts of acts inconsistent with this act do not apply to the medical use of marihuana as provided for by this act.*

One area of agreement between our membership and Mr. Stecker is the state has 20 days to deliver the card or the paperwork becomes the card because of the states failure to adhere to state law. Despite this the Michigan State Memo instructing officers across the state to arrest patients is still being executed. Further patients and caregivers are not being allowed to raise the defense in instances of these cases of false imprisonment and malicious prosecution.

Mr Stecker's own interpretation of the law included protection from discipline or termination from a business thus granting patients and caregivers safe harbor from illegal termination. The federal court based their decision on Michigan law. The citizens of Michigan had indeed moved to protect patients

from adverse actions by employers. It was the job of state government to protect the voters of Michigans rights. Yet they chose to protect the rights of a few billionaires from Arkansas.

Mr. Stecker quoted Justice O'Conner who stated that he would have peremptorily reversed the circuit court concerning OUID despite the plain language of the Act. Because he claimed the Act did not change the law.

. The reason we are batting zero, when the voters stated clearly that 99 out of every 100 arrest should be avoided, is we are not allowed to raise the defense in a court of law. Despite numerous arrest in Oakland County, we have not been able to even mention medical marijuana in the courtroom. In addition when the state misrepresents facts against it's citizens the results are always civil rights violations.

Our numbers confirm Mr. Stecker's awesome rate of success(Page 30-31). The law offers no protection for patients and caregivers, because it has never been implemented. Going on four years into the process not even the basic elements of implementation have been accomplished. The program simply exist as a quick and easy way for law enforcement to identify someone who possesses marijuana. Then based on the desires of law enforcement and prosecutors victims are processed into the system. Basic civil rights are eliminated and in many cases even the right to a jury trial are bypassed. What the sick people of the State of Michigan are facing is the awesome force of the state, while it is on a crusade to undo the will of the voters. By expanding the rights of government, you are in fact codifying the defiance of the will of the people and the abuse of the sick and dying.

Mr. Stecker's chart illustrating deaths attributed to marijuana and his comments concerning increased drug use were misrepresentations and false(Pages 38-44). In fact our data is confirmed by the same pattern we observed on pages 42-43. The absence of the drop in 2009 and the retracement in 2010, proves the lack of authenticity of Mr. Stecker's chart. In fact this same pattern was seen nationally. Proving that medical marijuana is not a causal effect. The FARS database is open to the public. Running an open query on the database, with marijuana(600-699) as the only filter, yields 70 results.

He reported 80. When you back out the 33 people that were also intoxicated on alcohol, you end up with 37(Page 40, Page 38). Then you have to consider that testing was greatly increased in 2010(Page 39-41). Hundreds more test, should yield proportionally more positives. Unfortunately for Mr. Stecker's case, they did not. 2010 stayed flat when compared to 2008. No Registrations were accepted until the first quarter of 2009. So Mr. Stecker's conclusions concerning deaths attributed to medical marijuana is false. In fact he has not presented a shred of evidence that even one of the fatalities was a medical marijuana patient. In addition his statement that marijuana use is increasing because of medical marijuana is again false and misleading. In fact, leading researchers like David Katz state that it is the economy that is causing the uptick. His comments are confirmed through many sources including the National Library of medicine. We see that reflected in the numbers that we analyzed. The uptick actually occurred at the end of 2007, with a surge in 2008. Corresponding to the beginning of the great recession.

The same thing can be said about Bill Schuette. In his analysis of the law, both before its passage and as distributed via his, "Clearing the Air Seminar" indicates an understanding of the law. His presentation states that 33% of all drivers are drugged impaired. The actual number is 17%. This is for all drugs, so it is an apples and oranges comparison on top of being exaggerated. In another demonstration he presents a large headline number that is not related to marijuana, but leaves the implication out there. His entire demonstration is meant to bring suffering on the innocent. There is a large gap between his professed beliefs when he chaired the corporation that opposed the act during its adoption by the voters in 2008 and his new understanding as attorney general. In both cases he professes a complete knowledge of the act and its implications. We see the same misrepresentations in presentations pieces. In addition his accusations of the sick being criminals and a danger to children, hiding behind the law, and twenty something drug users is outrageous and is prosecutorial misconduct. The chart on page 12 proves there is no causal relationship between medical marijuana and crime. When leaders of law enforcement and the lead prosecutor in the state misrepresent the facts, the process is poisoned and innocent sick people are put at extreme risk.

Bill Schuette's written opinions of the Act have completely ignored the text and the intent of the law. Simply put Bill Schuette has taken an adversarial position to the law and the will of the people. The law is very clear in the fact that it supersedes other laws that may be in conflict with the Act. This whole debate has become a sort of strange competition. In many cases it is no longer about facts but just about winning. It is often forgotten that sick people are being persecuted to prove a point. Sick people have trouble dealing with their doors being kicked in. Pets being shot. Losing their property. Being thrown in jail. Thrown to the floor..... Anything that would empower police to take further action against patients is a cause of great anxiety in our community. This anxiety is completely justified.

I couldn't agree with Mr. Stecker more when it comes to the efficiency of the governmental machine that has been arrayed against the sick. He spoke of a perfect record by the prosecution. Sick people are afraid. With no resources they are forced to defend themselves against the full force of the state. With grim determination the government has stripped every protection of the law. The medical marijuana defense has never been presented in Oakland County, despite numerous arrest and convictions. With tongue in cheek, judges find technicalities designed to deny the sick their day in court.

In Bill Schuette's mind an unlocked interior door is justification to lock a patient up for years. A doctor that fails to execute his obligations under the act could result in thousands of patients being exposed to prison and even worse. The People made their intentions clear in 2008.

## 2. Findings

(b) Data from the Federal Bureau of Investigation Uniform Crime Reports and the Compendium of Federal Justice Statistics show that approximately 99 out of every 100 marihuana arrests in the United States are made under state law, rather than under federal law. Consequently, changing state law will have the practical effect of protecting from arrest the vast majority of seriously ill people who have a medical need to use marihuana.

As long as the attorney general maintains an aggressive stance towards patients and caregivers, it is impossible for us to support any changes to the current act. We aren't seeking anything that the voters did not give us. But we are asking the legislature to provide safe harbor to us. We are afraid for our safety and that of our friends. We have been subjected to violence and persecution. We ask that you intercede on our behalf. Do so by leaving the Act unaltered and demanding that the judicial and executive branch execute their duty to comply with the will of the people.

Our research indicates that patients and caregivers have been extremely compliant with all aspects of the Act. We intend to present data from the MSP, The DOJ's Database and The FARS reporting system that substantiates our claims..

It is the position of Michigan's Attorney General that the law should be extremely limited and offer only limited protections to those who choose to register to participate in the state run registry program. In addition if that patient is technically outside of the parameters of the act, then that person has no protection under the act. Proof that his view of the law is currently being enforced can be observed on pages 11-16.

The Attorney General and the Prosecutors Association of Michigan stand in defiance of the voters of the State of Michigan and are abusing the sick at will. The task has fallen to us today to defend the good name of the patients and caregivers of the state. Bill Schuette said; "Attorney General Bill Schuette announced legislative proposals on Wednesday targeting patients he claims are "exploiting" the law".

"The law has been hijacked by pot profiteers who threaten public safety on the roads and in our communities,"

Schuette also proposed "legislative reforms" to give prosecutors and law enforcement "the tools they need to crack down on criminals who exploit the loopholes of the MMMA."

I want the record to clearly reflect, we are not criminals. We are not pot profiteers. We are not a danger to anyone. We are not exploiting anything. We are just sick people. In most cases we are not only sick, but we are also poverty stricken. It is rhetoric like this that inhibits productive dialog about the subject.

Surely a people so great, as to see the suffering of the sick, will not sit idly by while the sick are subjected to such abuse. I ask that you use your power to protect the sick and the rights of the voters. There is no greater test of power. The power to grant others their freedom. Members of our community



have met with law enforcement and the legislature on demand. You are now being asked to make decisions that will devastate the sick and undermine the will of the voters based on false and misleading information. The people of the State of Michigan

This graph represents national trends in narcotics arrest. The number of arrest per hundred thousand have retraced to 1988 levels. This despite users have become the target of choice. Indicated by simple possession becoming the only expanding category of arrest.

# Illustrations

(1)

## Audit: Serious flaws in Colorado's regulation of medical marijuana



Amber Bacca, store manager at the Colorado Harvest Co., packs a Sativa Flo strain for sale in a medical marijuana dispensary. (Joe Amon, *The Denver Post*)

State regulators charged with watching over Colorado's medical marijuana industry have fallen short on everything from tracking inventory and managing their budget to keeping potential bad actors out of the business, a state audit released Tuesday found.

Often lauded as a national model, Colorado's so-called seed-to-sale system of regulating medical marijuana does not



Trimmer Wayne Damata wears gloves, gown and cap as he closely trims marijuana buds for sale at a medical marijuana indoor grow operation in Denver. (Joe Amon, *The Denver Post*)

exist, auditors found.

The findings are a blow to the state Medical Marijuana Enforcement Division as it prepares to take on the additional task of regulating recreational marijuana legalized by Amendment 64.

The division, part of the Department of Revenue, has agreed to several steps to improve oversight of Colorado's 1,440 dispensaries, grow centers and marijuana infused-product businesses.

The enforcement division has been beleaguered by budget problems since revenue from business applications did not come in as anticipated, but the audit found problems that run deeper than that.

Auditors say the division has not adequately identified its proper role or done a sufficient job managing its programs and finances.

"We agree there are some lessons learned with the implementation of medical marijuana enforcement," Department of Revenue executive director Barbara Brohl said at a Legislative Audit Committee hearing. "We understand there are some concerns, but we can't move forward unless we have a baseline. We have a baseline now."

Under Colorado law, medical marijuana business owners must clear many hurdles, including undergoing background checks to root out felons, opening their financial books, installing expensive surveillance cameras and accounting for their product.

The state isn't holding up its part of the bargain, auditors found.

For instance, a Florida company was paid \$1.1 million to develop a seed-to-sale inventory tracking system, but the division was unable to come up with another \$400,000 to put it in place. Auditors also noted that the division doesn't review a dozen separate tracking forms it requires businesses to submit, including travel manifests showing when medical marijuana plants or products are transported.

"It seems to me we have a dysfunctional system of tracking the marijuana," said state Sen. Steve King, R- Grand Junction.

### **Tracking is "critical"**

Auditors suggested such a "micro-level" approach to tracking pot may not be necessary now that any adult can grow and possess it under Amendment 64.

But Ron Kammerzell, the division's acting senior enforcement director, said the division is working to put the tracking system in place by year's end at little or no additional cost. He called inventory tracking "critical" to preventing medical marijuana from being diverted out of the system, including out of state.

Meanwhile, more than 40 percent of businesses who met a deadline to file license applications in the summer of 2010 have yet to be fully processed. Those businesses were grandfathered in — allowed to stay open even though the division has yet to license them.

And auditors questioned why some licenses were approved.

In 13 of 35 new business applications reviewed by auditors, evidence was found "of potentially disqualifying information." Auditors flagged five files for concerns about past felony arrests, possible financial assistance coming from a "potentially unsuitable person" from out of state, and involvement in drug- or alcohol-treatment classes.

Ten applications in that pool received licensing, and auditors questioned whether four of them deserved it.

Auditors also found evidence of businesses located within 1,000 feet of schools, which is barred by state law.

### **Worker-licensing flawed**

A program to license employees at medical marijuana businesses is flawed, as well, auditors found. Although applicants must be of "good moral character," a review of 25 randomly chosen applications found a license was issued for 22 before the division had received the results of a fingerprint-based criminal-history check.

Seven of the applications included documentation of past arrests, including one case in which the person had been arrested for felony aggravated robbery and felony menacing with a deadly weapon.

The auditor's office suggested dropping the occupational licensing requirement and, instead, require businesses to subject their employees to criminal background checks. Division director Laura Harris, however, said law enforcement strongly supports the licensing.

The audit also found:

- Seizures of marijuana from businesses that are not fully explained and "weak controls" over its destruction, including insufficient documentation and a storage facility that features weaker security

features than those required of medical marijuana businesses.

- Questionable spending, including purchases for furniture, BlackBerry phones and a fleet of vehicles. The division racked up 19 straight months of net losses, including a loss of about \$2.3 million in June 2011 because of large capital purchases.
- A failure to identify all medical marijuana businesses in the sales tax system, underreporting sales tax revenue generated by 56 dispensaries by about \$760,000 in fiscal years 2011 and 2012.

The division agreed to a number of recommendations, including steps to improve the application process, monitoring, expense controls, and seizure and destruction policies.

Michael Elliott, executive director of the Medical Marijuana Industry Group, said the state's regulation works but needs funding. Although the state might lack oversight, he said, "the vast majority of business owners are staying in strict compliance with state law."

The enforcement division says it had to stretch one year of operating expenses over two because of a moratorium on new business applications, a key source of its funding.

Last year, it closed three satellite offices and trimmed its staff from 37 to 15.

The legislative committee will meet again Wednesday to complete its review of the audit.

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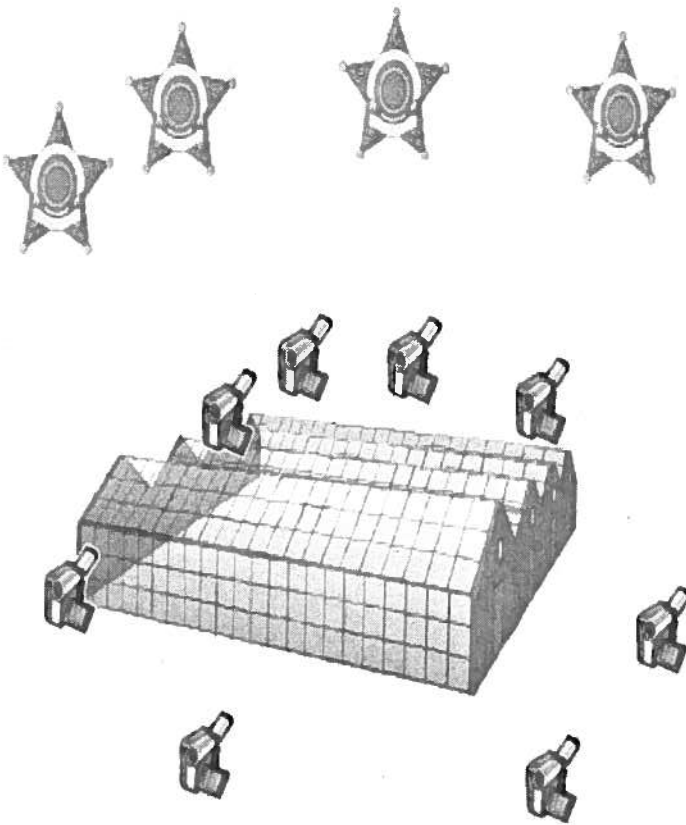
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**Figure 2**

**Proposed Secure Grow Center Configuration**



Each Grow Center would require four full time equivalents to monitor cameras

Additional overhead and long term cost for government

**Figure 3**

For each grow site government full time employees are also added. It becomes an never ending game of catch up.

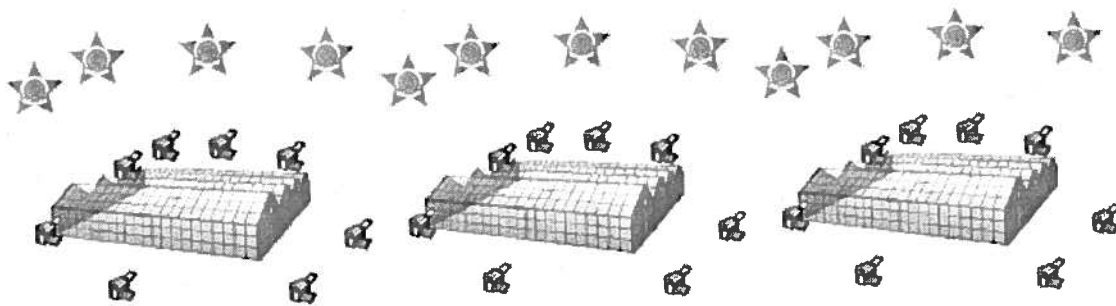
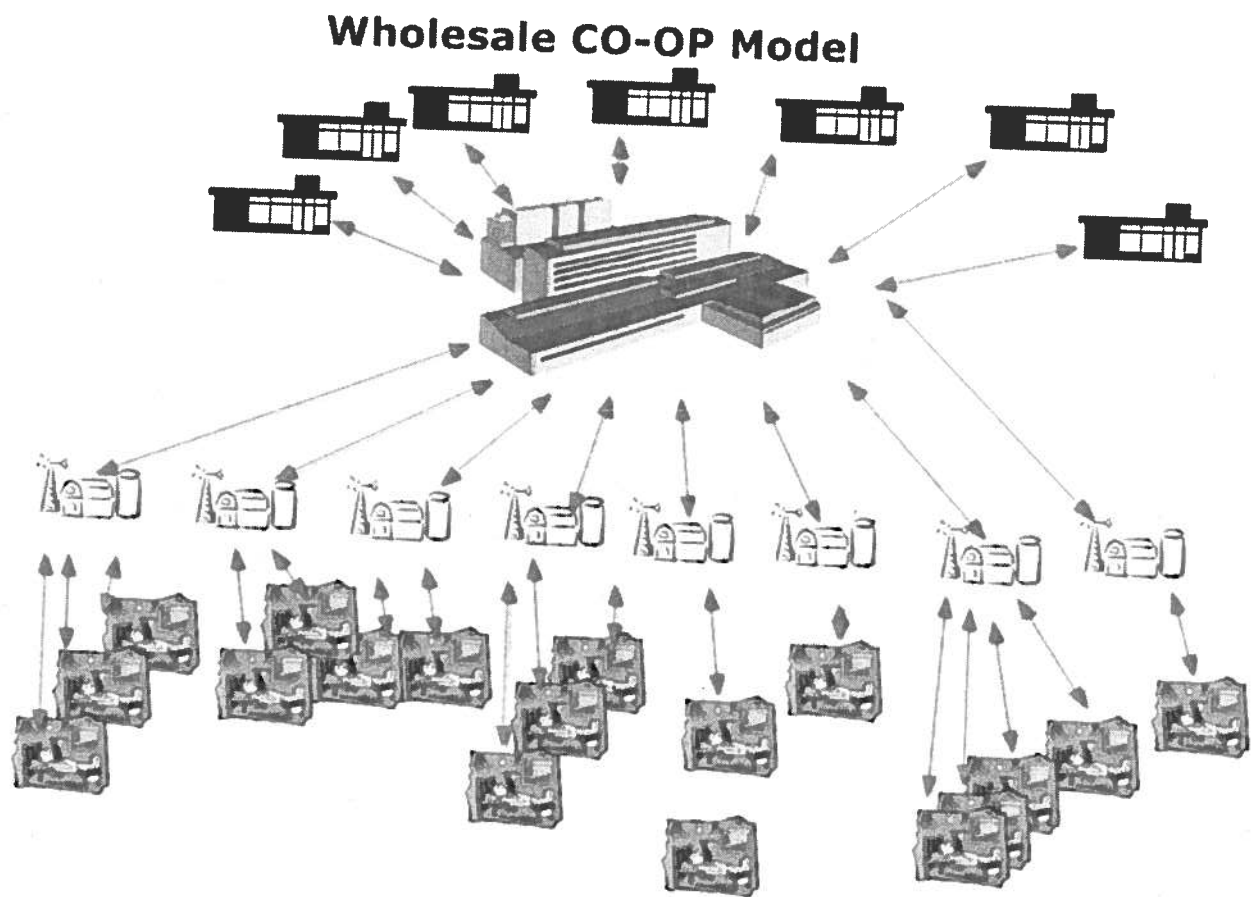


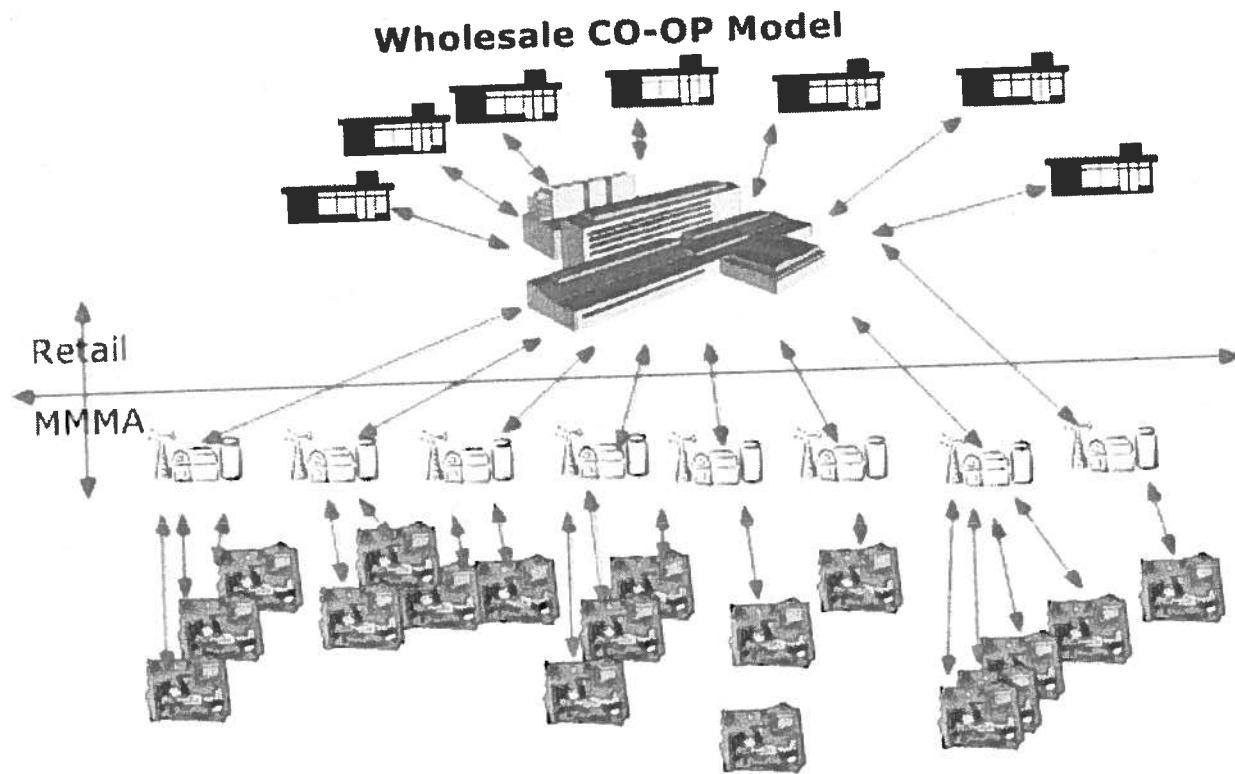


Figure 4



No Effect On The Michigan Medical Marijuana Act

**Figure 5**

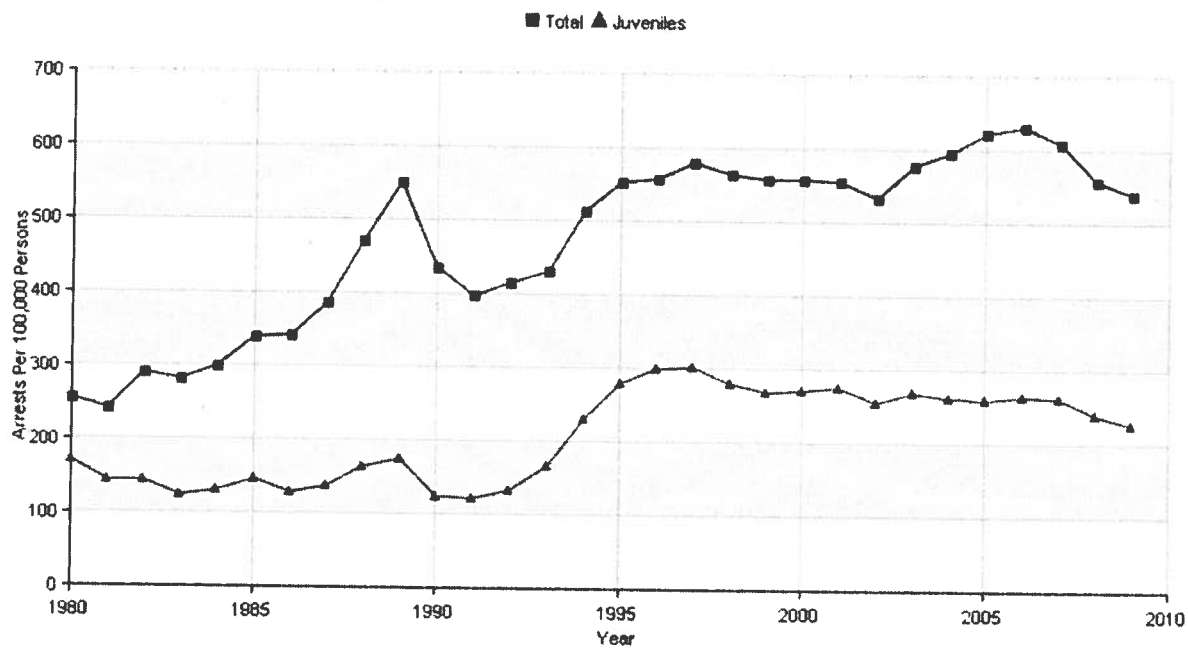


No Effect On The Michigan Medical Marijuana Act

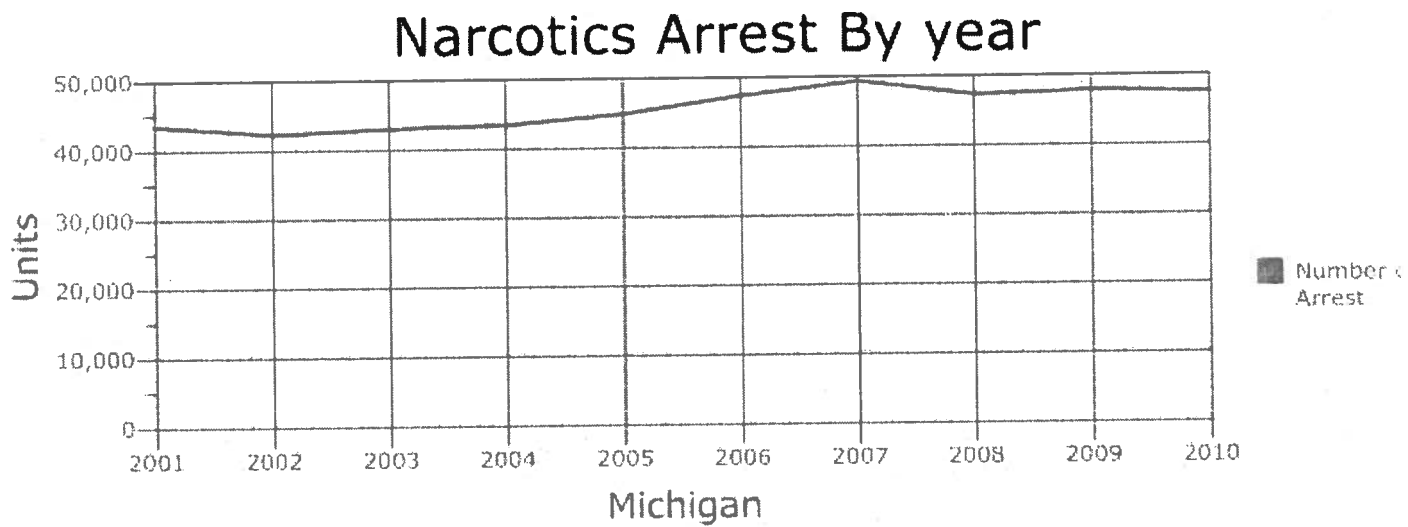
[Make Counts Graph](#)[Make Rates Graph](#)[Reset Form](#)Download Data:  

## U.S. Arrest Estimates

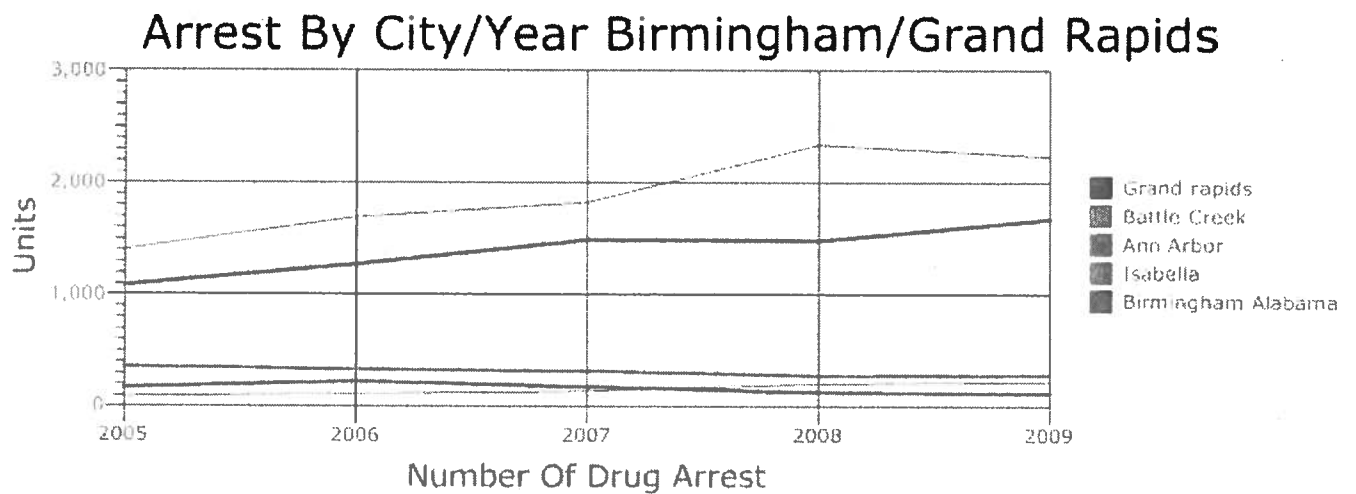
### Arrest Rates of All Persons for Drug Abuse Violations



Below is the arrest rates for narcotics by year for the State of Michigan. If the Michigan Medical Marijuana Act had been implemented the state arrest at minimum should mirror National trends. That is of course is not what we see. Arrest rates are near 10 year highs. Since the only category of narcotic arrest that is increasing significantly is Simple Possession, it merits investigation as to the reasons.

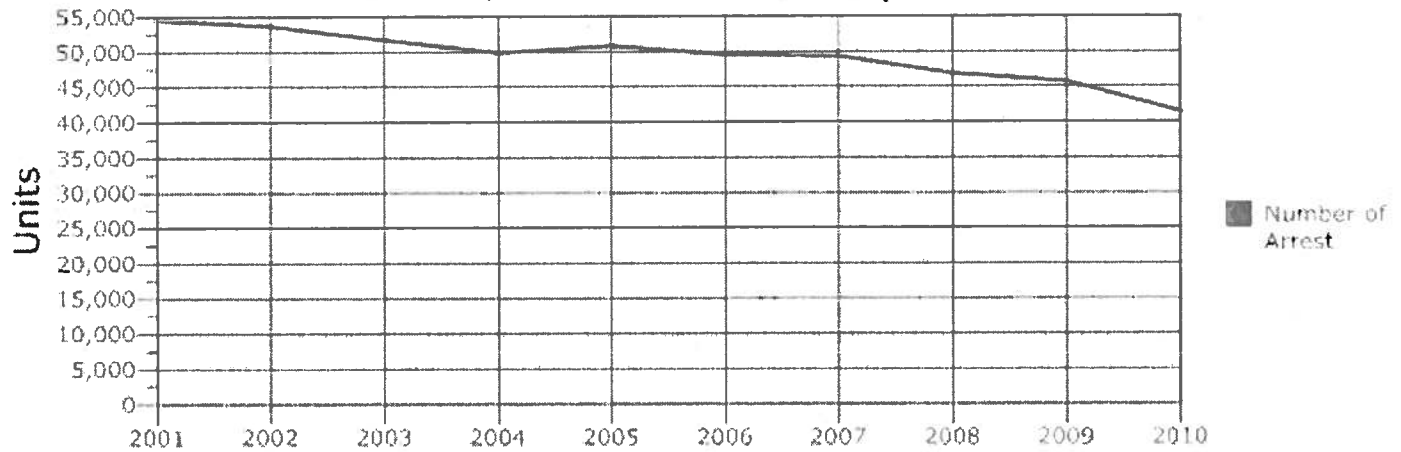


The following graph clearly indicates the disparities between townships in Michigan. Grand Rapids(+60%), The first city to outlaw medical marijuana, clearly shows an uninterrupted uptrend, mirroring Birmingham, Alabama. A zero tolerance non medical marijuana city in a non medical marijuana state. Whereas cities such as Ann Arbor clearly show a downward trend in arrest(-40%).



The statement has been made that medical marijuana is a danger on the highways. There has been a 27% reduction in arrest with almost 20% reduction occurring since the law passed.

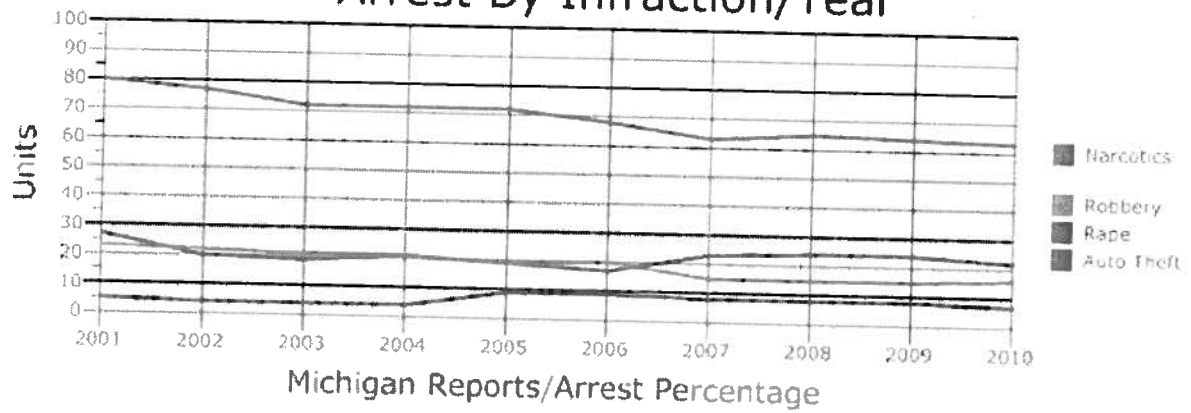
## Ouid/OUIL Arrest by Year



### Michigan Yearly Arrest

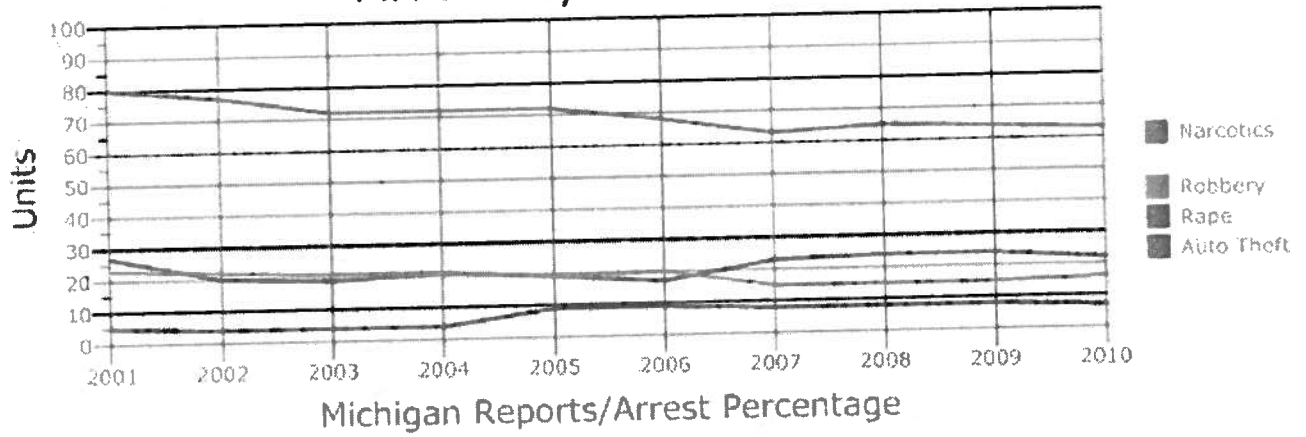
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number of Arrest	54,494	53,630	51,665	49,845	50,827	49,546	49,320	46,842	45,740	41,439

## Arrest By Infraction/Year



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Narcotics	80	77	72	72	72	68	63	65	64	63
Robbery	23	22	21	21	19	20	15	15	15	16
Rape	27	20	19	21	19	17	23	24	24	22
Auto Theft	5	4	4	4	9	9	8	8	8	7

## Arrest By Infraction/Year



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Narcotics	80	77	72	72	72	68	63	65	64	63
Robbery	23	22	21	21	19	20	15	15	15	16
Rape	27	20	19	21	19	17	23	24	24	22
Auto Theft	5	4	4	4	9	9	8	8	8	7



FARS is a database utilized to study fatal crashes. This data is not one dimensional. Mr. Stecker made the statement that only active THC is included in reporting. That is false. Under drug test result 1, you can see(600-695). Several types of chemical/organic data is collected including other. Take a look at the alcohol percentages. Is it marijuana when someone is tested at .53. Date of last crash. Look at the suspension field. All crash information reported to the legislature by the Attorney General and Mr. Stecker is false. It is a crime against voters and the sick.

[Pubs/Data Requests](#)
[FARS Data Tables](#)
[Query FARS Data](#)
[State Traffic Safety Info](#)
[Help](#)

[Map features and VMT data changes. Click here for information.](#)

Report:

Map #1:

OUTPUT OPTIONS:

☐ EXPORT (TEXT)
 ☒ EXPORT (XLS)

Obs.	State	Case Number	Vehicle Number	Person Number	Age	Alcohol Test Result	Drug Test Results (1)	Police Reported Drug Involvement	Seating Position	Condition (Impairment) At Time of Crash	Date Of Last Crash	Suspension	Convictions	Driver Alcohol Involvement	Previous Other Harmful Mv Convictions
1	26	7	1	1	39	20	606	0	11	09	092009	1	0	2	0
2	26	74	2	1	22	0	600	8	11	09	012009	0	0	1	0
3	26	75	1	1	21	0	606	0	11	09	000000	0	0	0	1
4	26	87	1	1	19	0	606	1	11	02, 09	000000	1	0	0	1
5	26	87	1	2	19	0	601	8	13	02, 09	000000	1	0	0	1
6	26	88	1	1	23	28	695	0	11	09	000000	1	0	0	1
7	26	114	2	3	23	0	606	0	11	00	000000	0	0	0	1
8	26	142	1	1	25	2	606	0	11	09	102009	1	2	2	0
9	26	159	1	1	22	15	606	0	11	09	072009	1	0	0	1
10	26	163	1	2	24	0	606	8	99	99	122008	0	1	0	0
11	26	257	1	1	34	14	606	0	11	09	000000	1	0	0	0
12	26	273	1	1	53	0	606	0	11	99	062007	1	0	1	0
13	26	285	1	1	25	4	606	0	11	09	012010	1	0	0	0
14	26	287	1	1	25	11	606	0	11	09	000000	1	0	0	0

## **Compromised Results In Reported Data**

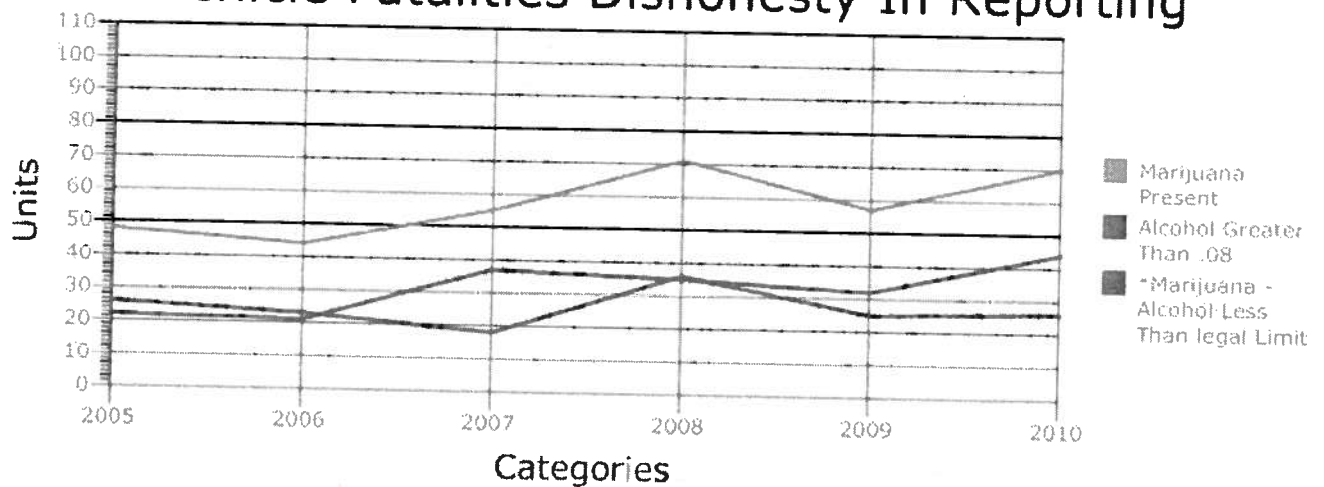
When studying trends, you must take in to consideration changes in trends. It is imperative that you add weight to changes in calculations as it destroys a one to one comparison. Case in point 2010. Hundreds, if not thousands more people were tested for any presence as a requirement of law. You add multiples on the input side you would expect an equivalent increase on the output side. The output side didn't react in a predictable manner. As the number of marijuana related fatalities did not go up in proportion to the tests that were administered. In addition many people who were legally drunk were listed as marijuana being the primary contributing cause. This results in marijuana related deaths being over inflated and alcohol related deaths being under reported. We see that in 2010 when it was reported that alcohol related deaths fell and marijuana related deaths increased. When in actuality marijuana related deaths remained flat and alcohol related deaths climbed. The scariest thing is when these numbers are tampered with the knowledge base is lost. In my short time analyzing the data, I have found that many deaths could have been prevented. Many of these cases and trends in the data suggested that many of these drivers had been flirting with disaster for many years. This data is almost predictive of high risk drivers and tragic results.

It is important to normalize the data when performing analysis. To find the common denominator. By eliminating or identifying other circumstances that may have contributed and noting other contributing factors the variables can be assigned their proper values.

In 2010 testing was expanded for those involved in fatal accidents .

This graph drills down from the headline number to the various components of reported fatalities. Included are alcohol and those reported to be marijuana related. The numbers reported by the AG include people that are legally drunk. Including people that tested at or greater than lethal doses of alcohol. In this graph people who tested positive for both alcohol and marijuana involvement remained in the study. Clearly impairment in the important number. Impairment is not quantified in the number reflecting marijuana involvement. There is no spike in the numbers only a retracement as stated in the UofM analysis.

## Vehicle Fatalities Dishonesty In Reporting



Categories	2005	2006	2007	2008	2009	2010
Marijuana Present	48	44	55	71	57	70
Alcohol Greater Than .08	26	23	18	36	25	26
*Marijuana - Alcohol Less Than legal Limit	22	21	37	35	32	44

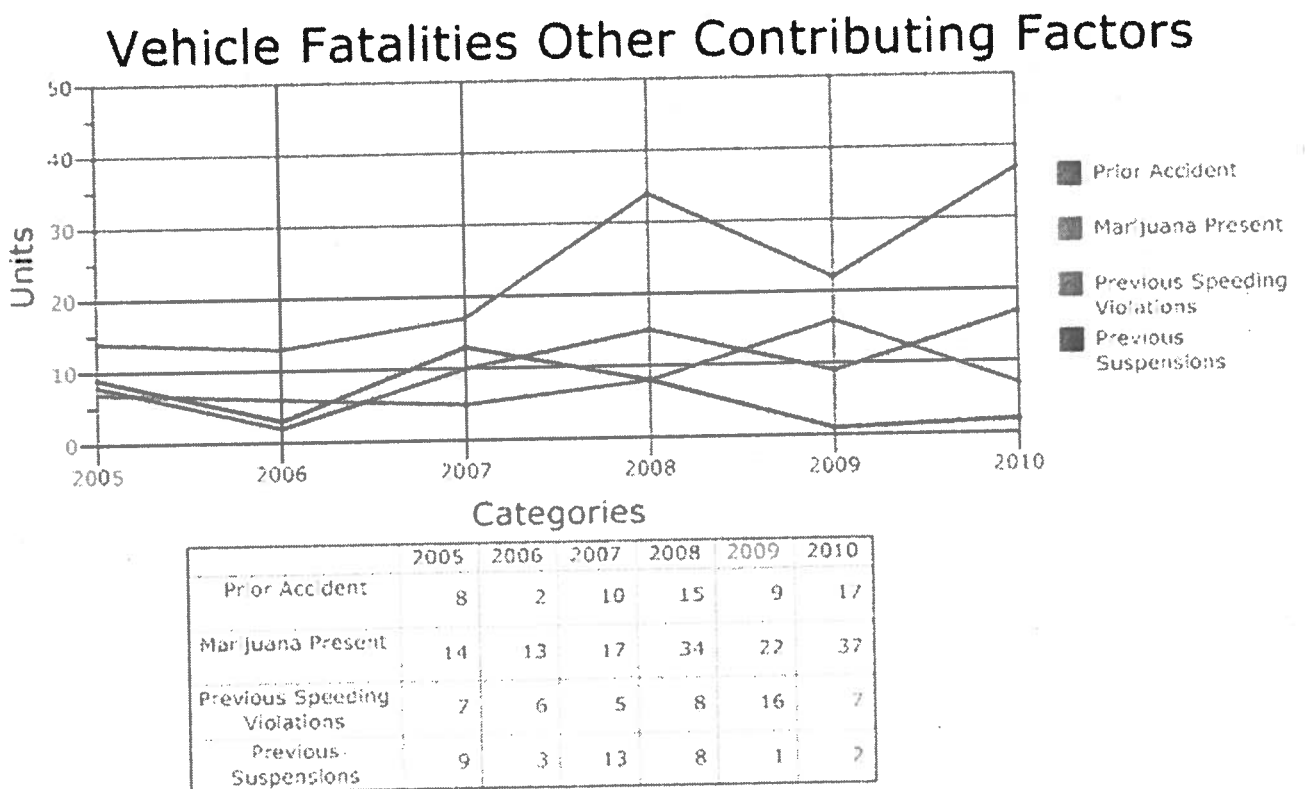


In 2010 components of drugged driving was changed.  
 \*Other contributing facts may be involved

In this graph those testing positive for both marijuana and alcohol usage have been removed. Marijuana and other drug combination remain. It is important to point out, with or without the use of drugs, some of these people were going to kill themselves and possibly others with their motor vehicle. In some cases where multiple persons were involved in the accident and they occupied the same auto. If one died and the other survived, both were counted as fatalities. These types of errors are found repeatedly in the data. It is also important to note that pedestrians and other passive victims are included.

Simply attributing an accident to a substance because of its presence does not yield an accurate result. There are lots of contributing factors for most accidents. It takes less than a second to run a query. It can take weeks or even months to understand what you have retrieved. The data has embedded meaning and there are qualifiers.

Clearly some of these accidents were caused by risk taking behavior. We know that from the history of past behaviors. This data could be used to predict high risk behaviors and possibly prevent accidents.



In 2010, for the first time, all accidents involving fatalities required drug testing.

## An Examination of the Michigan 2010 Motor Vehicle Traffic Crash Fatality Increase

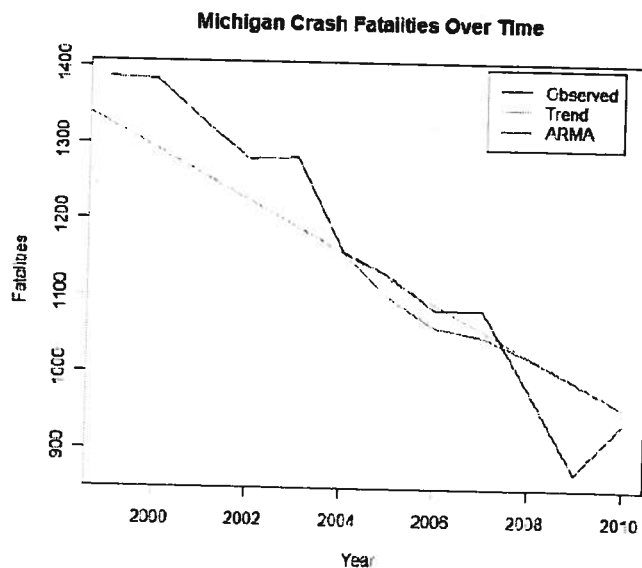
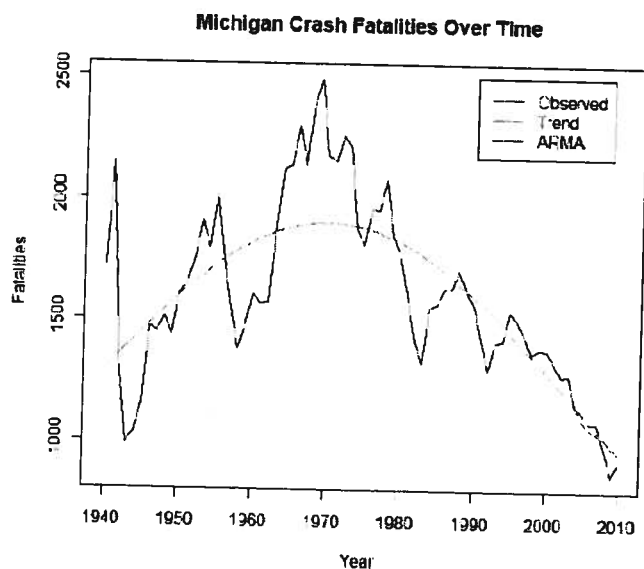
Prepared by: The University of Michigan Transportation Research Institute

For: Michigan Office Of Highway Safety Planning

### Michigan Motor Vehicle Traffic Crash Fatality Trends

Figure 1. Long-range (left) and recent-years (right) views of Michigan crash fatalities over the last 50 years. The black line shows the year-to-year rise and fall in total fatalities. The green and red lines show two models of the underlying trends.

Figure 1 shows the behavior of Michigan crash fatalities over the time period of 1940 to 2010 (on the left) and focused on 1999-2010 (on the right). The black lines are the observed fatalities for each year while the green line indicates the trend observed over this time period. Looking at the trend line, we can see that 2010 was actually quite close to the expected number of fatalities whereas 2009 is extremely atypical, particularly as the variations from year to year appear to be much smaller in the past decade than in previous decades.



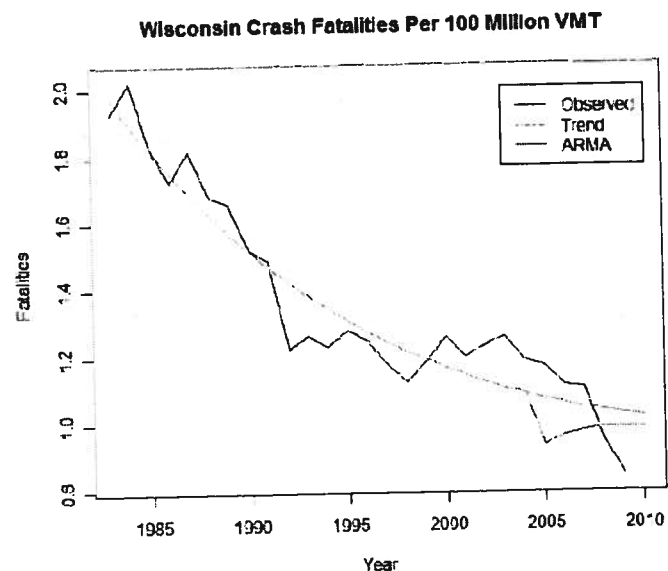
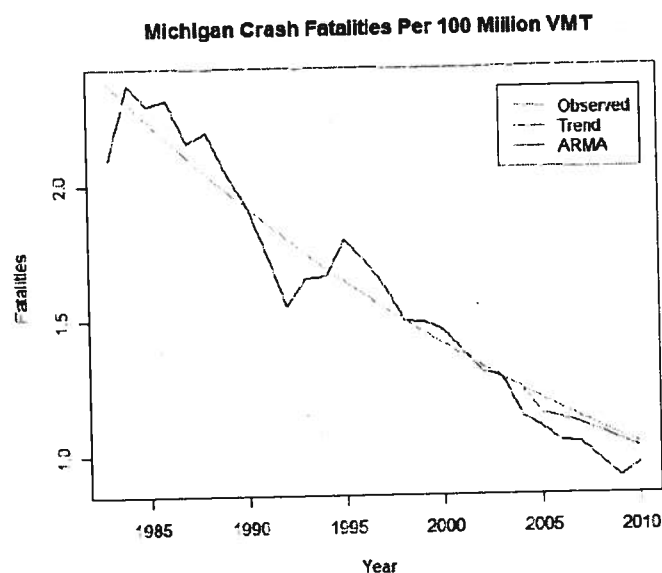
## An Examination of the Michigan 2010 Motor Vehicle Traffic Crash Fatality Increase

Please note that there is the same trend in Wisconsin. Wisconsin is a non medical marijuana state. This verifies The University of Michigan's report that the spike was a return to the trend instead of a deviation. To incite the public against the sick with trumped up evidence is not only a sin it is a crime.

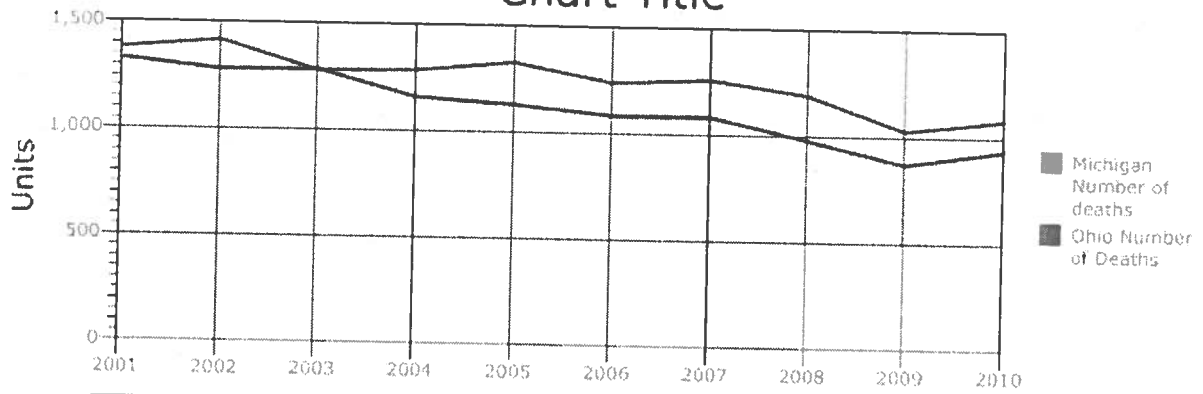
Prepared by: The University of Michigan Transportation Research Institute

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Figure 2 shows the same pair of plots for fatalities per vehicle miles traveled (VMT) indicate that 2010 is a return to the expected trend. The plot on the right side of Figure 2 shows that even when the predicted deviation from the trend is included (the red line), 2009 is much farther from the expected value than 2010. As such, it would seem reasonable to argue that 2009 is the atypical year rather than 2010, meaning that the increase in fatalities from 2009 to 2010 is a stabilizing of the trend rather than a reversal.



# Chart Title



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Michigan Number of deaths	1,328	1,279	1,283	1,159	1,129	1,084	1,084	980	871	937
Ohio Number of Deaths	1,379	1,417	1,278	1,285	1,326	1,239	1,257	1,191	1,028	1,081



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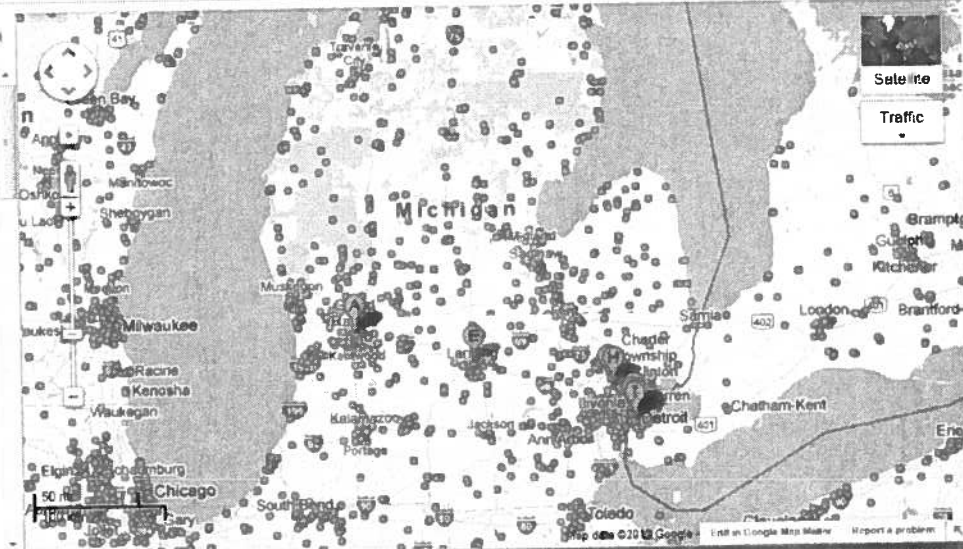
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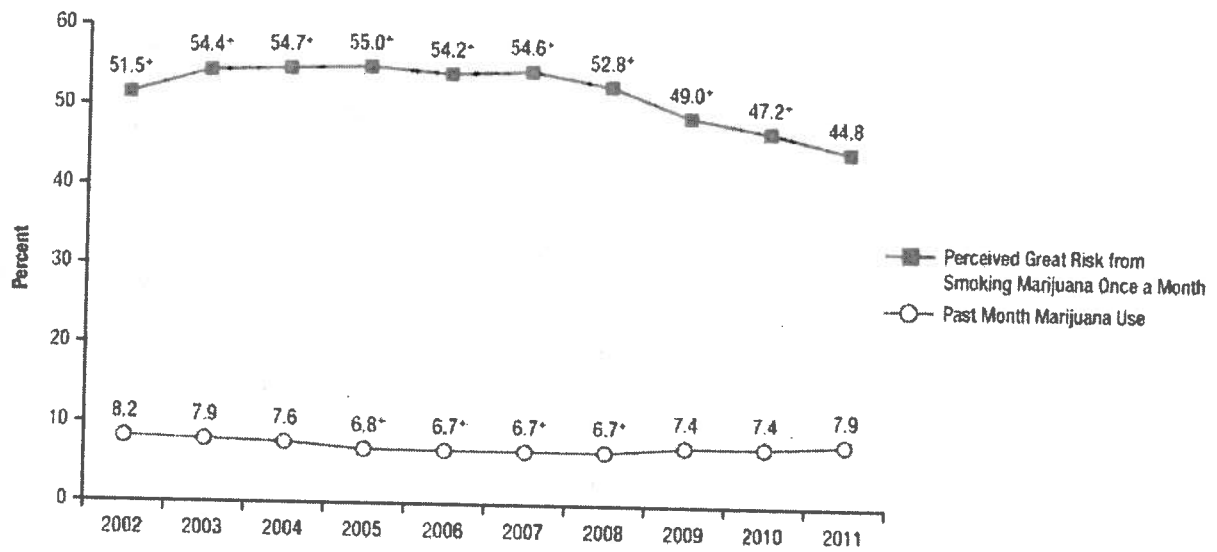
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Michigan

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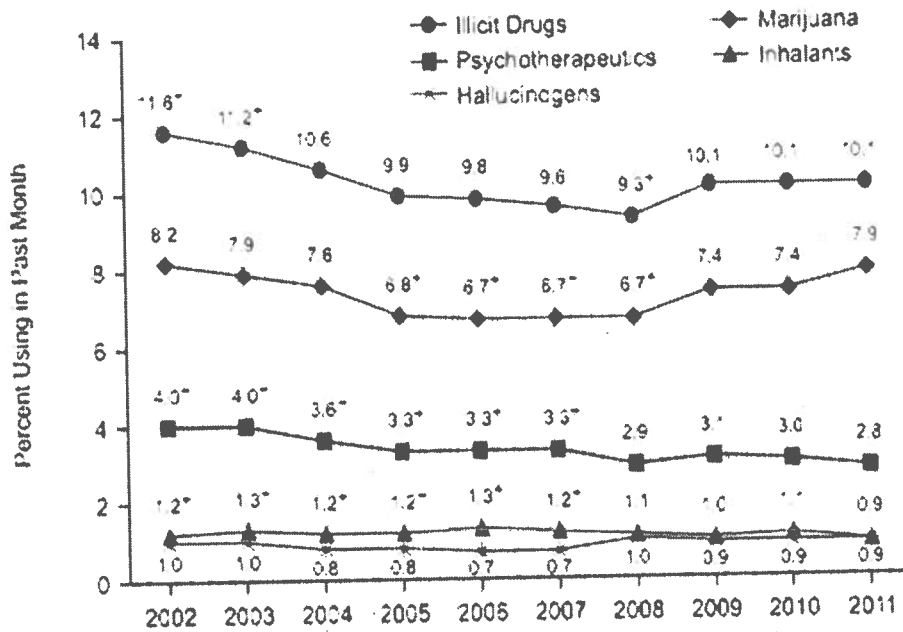
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\* Difference between estimate and estimate for 2011 is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2002 to 2011 (revised March 2012).

**PAST MONTH DRUG USE TRENDS AMONG YOUNG AMERICANS AGED 12-17:  
2002-2011**



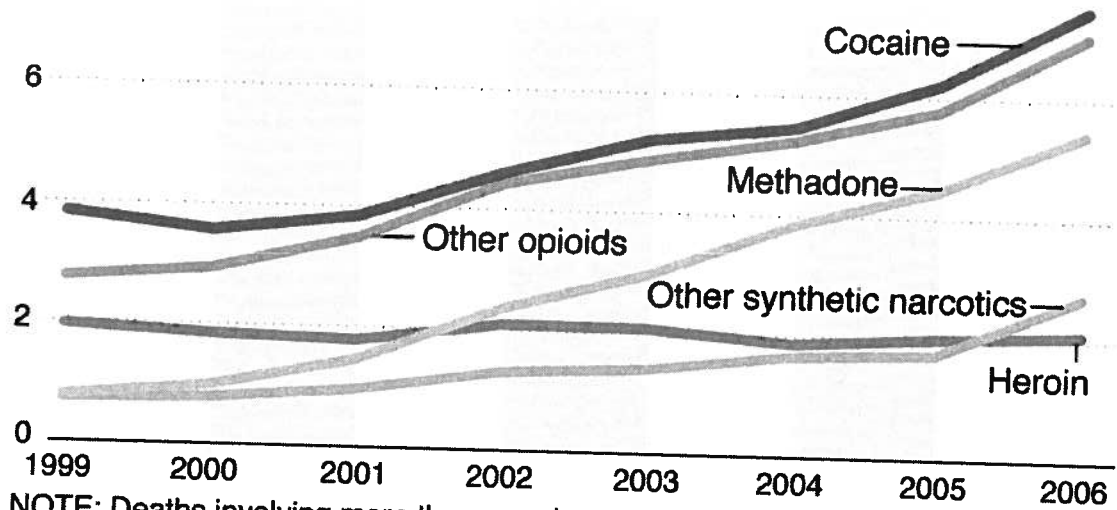
\* Difference between this estimate and the 2010 estimate is statistically significant at the .05 level.

Source: 2011 NSDUH

## Drug-related deaths increase

Based on death certificate data, U.S. death rates from cocaine, methadone and other narcotics have increased since 1999.

8 thousand deaths



NOTE: Deaths involving more than one drug were counted multiple times.

SOURCE: Centers for Disease Control and Prevention

AP

